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REPORT OF RECEIPTS

2009 MAR 13 P 2: 33

	DISBURSEMENTS An Authorized Committee	Office Use Only
1. NAME OF TYPE OR COMMITTEE (in full)	PRINT Example: If typing, type over the lines.	12FE4M5
ADDRESS (number and street) Check if different	TI MAIT IS IU WAGA IT I CIO SI KALAIKAUA AIVIE AIVIE A OLULU CITY 3. IS THIS NEW (N) OR	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Convention (12C)	General (12G) Runoff (12R) Special (12S) In the State of
January 31 Year-End Report (Y Termination Report (TER)	to do-bay i con-microtion income in	Runoff (30R) Special (30S)
		2 200 8
Type or Print Name of Treasurer C Signature of Treasurer	and to the best of my knowledge and belief it is a lvin C. Ching.	Date 01'30'2009
Office Use Only	propiete information may subject the person signific	g this Report to the penalties of 2 U.S.C. §437g. FEC FORM 3 (Revised 02/2003)